



OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response ....... 16.00

## FORM D

## **NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,** SECTION 4(6), AND/OR **UNIFORM LIMITED OFFERING EXEMPTION**

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offering ( check if this is an ame	ndment and name h	nas changed, and indi	cate change)		1771672
Osprey Sale of Common Stock					127/873
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	Section 4(6	ULOE
Type of Filing:	New Filing		ment		
	A. BAS	SIC IDENTIFICAT	ION DATA		
1. Enter the information requested about	it the issuer		<del></del>		
Name of Issuer ( check if this is an ame	ndment and name h	nas changed, and ind	cate change)		
Osprey Pharmaceutical Company	y				
Address of Executive Offices (Number and St	reet, City, State, Zi	p Code)		Telephone Nu	umber (Including Area Code)
830-13 A1A North, No. 274, Pon	te Vedra Beac	h, Florida 320	82	(904) 273-	5836
Address of Principal Business Operations (if different from Executive Offices)	(Number and S	treet, City, State, Zip	Code)	Telephone Nu CESSE	umber (Including Area Code)
Brief Description of Business			n	CT 28 2004	2
Pharmaceutical development con	mpany		•	e Co Zuug	
Type of Business Organization	<del></del>			THOMSON	
· Corporation	,	limited partne	ership, already forme	ALINANCIAL [	Other (please specify):
business trust		limited partne	ership, to be formed		
	M	onth	Year		
Actual or Estimated Date of Incorporation or Organization:	1	0 0	3	⊠Actual	Estimated
Jurisdiction of Incorporation or Organization:	•	er U.S. Postal Service FN for other foreig		ate: D	E
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering 15 U.S.C. 77d(6). When to File: A notice must be filed no later and Exchange Commission (SEC) on the earlier on which it is due, on the date it was mailed be Where to File: U.S. Securities and Exchange Copies Required: Five (5) copies of this notice be photocopies of the manually signed copy of Information Required: A new filing must comthereto, the information requested in Part C, a need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance ULOE and that have adopted this form. Issue to be, or have been made. If a state require accompany this form. This notice shall be file notice and must be completed.	than 15 days after the first of the date it is reputed States region commission, 450 First must be filed with the first of the must be filed with the first of the must be filed with the first of the first of the first relying on ULOI as the payment of a state of the first relying on ULOI as the payment of a state of the first relying on ULOI as the payment of a state of the first relying on ULOI as the payment of a state of the first relying on ULOI as the payment of a state of the first relying on ULOI as the payment of a state of the first relying on ULOI as the payment of a state of the first relying on ULOI as the payment of a state of the first relying on ULOI as the payment of a state of the first relation to t	the first sale of secur received by the SEC istered or certified m ifth Street, N.W., Wa th the SEC, one of w ted signatures. requested. Amendm anges from the informatical mited Offering Exements.	ities in the offering, at the address given ail to that address. Ishington, D.C. 2054 hich must be manual tents need only reponation previously supption (ULOE) for second to the claim for	A notice is deeme below or, if received 19.  Illy signed. Any count the name of the impolied in Parts A and alles of securities in curities Administrate the exemption, a	od filed with the U.S. Securitied at that address after the date opies not manually signed mussuer and offering, any change of the Appendix of those states that have adopt for in each state where sales after in the proper amount shall are the sales after the sal
		ATTENTION			
Failure to file notice in the appropriate st federal notice will not result in a loss of a			•	• •	- · ·

		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information		wing:			
• Eacl	n beneficial owner havin	if the issuer has been orga g the power to vote or dis			% or more of a class of equity
	rities of the issuer,	iractor of comparete iccuer	s and of comporate general	and managing na	artners of partnership issuers; and
		partner of partnership issu		am maraging pa	uthers of parmership issuers, and
Check Box(es) that App		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fi Stefan Borg	rst, if individual)				
	•	reet, City, State, Zip Code) Vedra Beach, Flor			
Check Box(es) that App		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name f Harrogate Holdi					
Business or Residence A	Address (Number and Str	reet, City, State, Zip Code)			
41A Cedar Avenu				£7.5°	
Check Box(es) that App Full Name (Last name f		Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
James Butler					
	•	eet, City, State, Zip Code ach, Florida 32082			
Check Box(es) that App		Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name fi	rst, if individual)				
Robert Janicki					·
		reet, City, State, Zip Code)			
138 Anchor Drive	e, Vero Beach, Fl	orida 32963			
Check Box(es) that App		Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name f	rst, if individual)				
Zsolt Harsanyi					
		eet, City, State, Zip Code; 315, Washington, I			
Check Box(es) that App	ly: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name f	rst, if individual)				
University of Flo	rida Research Fo	undation, Inc.			
Business or Residence A	ddress (Number and St	eet, City, State, Zip Code)			
P.O. Box 115500,	Gainsville, Flori	da 32611-5500			
Check Box(es) that App		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fi Paul M. Herron	rst, if individual)				
	ddress (Number and St	reet, City, State, Zip Code	1		
	·	Vedra Beach, Flor			
	<u> </u>	k sheet, or copy and use a		eet, as necessary.	)

					В.	INFORMA	TION AB	OUT OFFE	RING				
									<b></b>			Ye	
1. H	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						[						
2 11								_					
2. V	Vhat is	the minin	num investi	ment that w	ill be accep	oted from an	y individua	al			• • • • • • • • • • • • • • • • • • • •	Ψ	n/a
3. П	loor th	a offoring	nomiticis	st oxymanshi	n of a sinal	o 21=i4?						Ye: 	
	Does the offering permit joint ownership of a single unit?  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis												
si is b. tl	imilar i s an as roker o he info	remunerat sociated p or dealer. rmation fo	tion for soli person or a If more that or that broke	citation of gent of a b an five (5) er or dealer	purchasers roker or d persons to	in connecti ealer registe	on with sale ered with S	es of securiti EC and/or will persons of s	es in the offe vith a state o	ering. If a p or states, list	erson to be the name	listed of the	
Full Na	me (La	ast name f	first, if indi	vidual)									
Busines	ss or R	esidence A	Address (N	umber and	Street, City	, State, Zip	Code)			- <u> </u>			
Name o	of Asso	ciated Br	oker or Dea	iler									
						Solicit Pur						П	All States
[A]		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[][	-	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI	[]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]
			Address (No		Street, City	, State, Zip	Code)						
ranic o	n A330	Claicd Di	okei oi bea	ici									
						Solicit Pur							All States
[A.	L)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL	.]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	_	[NE]	[NV]	[HN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	[]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]
Full Na	me (La	st name f	irst, if indiv	vidual)							·····		
Busines	ss or Re	esidence A	Address (Ni	mber and	Street, City	, State, Zip	Code)				<u></u>		
Name o	of Asso	ciated Bro	oker or Dea	ler					-	<del></del>			
						Solicit Pur						All Sta	ıtes
[A]	L)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL	.]	[IN]	[LA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	[]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO Enter the aggregate offering price of securities included in this offering and the total amount already sold.		DS		
	Enter "0" if answer is "none' or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		gregate ing Price	Amo	ant Already Sold
	Debt	\$	_	\$	
	Equity	\$	555,000	\$	555,000
	Common Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$			
	Other (Specify)	\$		\$	
	Total	\$	555,000	\$	555,000
	Answer also in Appendix, Column 3, if filing under ULOE.			_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		mber estors	Dol	ggregate lar Amount Purchases
	Accredited Investors		11	\$	555,000
	Non-accredited Investors			\$_	-
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.		<del></del>	_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		pe of curity	Dol	lar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			s	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			<u>.                                 </u>	
	Transfer Agent's Fees		[	⊐ <sub>\$_</sub>	
	Printing and Engraving Costs			□ <sub>s_</sub>	
	Legal Fees	<b></b>	[	⊠ ₅	30,000
	Accounting Fees		[	□ ₅	
	Engineering Fees		[	□ <u>\$</u> _	
	Sales Commissions (specify finders' fees separately)		[	□ <sub>s</sub> _	
	Other Expenses (identify)		Г	$\sqsupset\ _{s}^{-}$	
	Total			⊠ ;_	30.000

	C. OFFERING PRICE	NUMBER OF INVESTORS, EXPENSES AND USE OF	F PROCEED	S	
		e offering price given in response to Part C - Question 1 and C - Question 4.a. This difference is the "adjusted gross		\$	525,000
5.	each of the purposes shown. If the amount for	ross proceed to the issuer used or proposed to be used for or any purpose is not known, furnish an estimate and check otal of the payments listed must equal the adjusted gross Part C - Question 4.b above.			
			Payme Offic Direct Affil	cers, ors, &	Payments To Others
	Salaries and Fees		$\boxtimes$ $_{\$}$	225,000 S	90,000
	Purchase of real estate		□ s	s	
	Purchase, rental or leasing and installation of	machinery and equipment	□ \$	s	
		facilities	□ \$		
		value of securities involved in this offering that may be f another issuer pursuant to a merger)	s	s	
	Repayment of indebtedness		□ <sub>\$</sub>	🗆 s	
	Working capital		□ s	⊠ s	210,000
	Other (specify):		□ <b>\$</b>	S	
	Column Totals		⊠ s	225,000 S	300.000
	Total Laymonts Listed (commit totals added)		_	J 25,0	
		D. FEDERAL SIGNATURE			
sigi	nature constitutes an undertaking by the issuer	d by the undersigned duly authorized person. If this notice to furnish to the U.S. Securities and Exchange Commission edited investor pursuant to paragraph (b)(2) of Rule 502.			
Issu	ner (Print or Type)	Signature		Date / /	
Os	sprey Pharmaceutical Company	Sefau My		10/12	104
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)			
Ste	efan Borg	President			
		<u> </u>			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations (See 18 U.S.C. 1001).